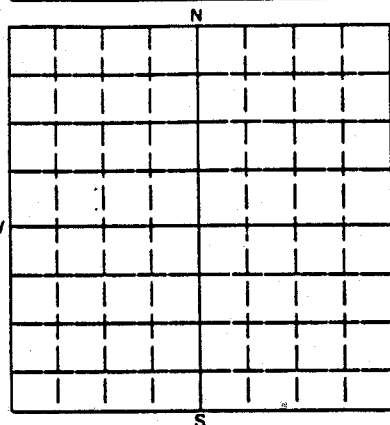


**COMPLETION REPORT FOR BRINE DISPOSAL,
HYDROCARBON STORAGE, OR ENHANCED RECOVERY WELL**

NAME AND ADDRESS OF EXISTING PERMITTEE

NAME AND ADDRESS OF SURFACE OWNER

LOCATE WELL AND OUTLINE UNIT ON
SECTION PLAT — 640 ACRES

STATE

COUNTY

PERMIT NUMBER

SURFACE LOCATION DESCRIPTION

1/4 of 1/4 of 1/4 of 1/4 of Section Township Range

LOCATE WELL IN TWO DIRECTIONS FROM NEAREST LINES OF QUARTER SECTION AND DRILLING UNIT

Surface

Location ft. from (N/S) Line of quarter section

and ft. from (E/W) Line of quarter section

WELL ACTIVITY

TYPE OF PERMIT

☐ Brine Disposal☐ Individual

Estimated Fracture Pressure

☐ Enhanced Recovery☐ Area

of Injection Zone

☐ Hydrocarbon Storage

Number of Wells

Anticipated Daily Injection Volume (Bbls)

Injection Interval

Average

Maximum

Feet

to Feet

Anticipated Daily Injection Pressure (PSI)

Depth to Bottom of Lowermost Freshwater Formation

Average

Maximum

(Feet)

Type of Injection Fluid (Check the appropriate block(s))

☐ Salt Water☐ Brackish Water☐ Fresh Water☐ Liquid Hydrocarbon☐ Other

Lease Name

Well Number

Name of Injection Zone

Date Drilling Began

Date Well Completed

Permeability of Injection Zone

Date Drilling Completed

Porosity of Injection Zone

CASING AND TUBING

CEMENT

HOLE

OD Size	Wt/Ft — Grade — New or Used	Depth	Sacks	Class	Depth	Bit Diameter

INJECTION ZONE STIMULATION

WIRE LINE LOGS, LIST EACH TYPE

Interval Treated	Materials and Amount Used	Log Types	Logged Intervals

Complete Attachments A — E listed on the reverse.

CERTIFICATION

I certify under the penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment. (Ref. 40 CFR 144.32).

NAME AND OFFICIAL TITLE (Please type or print)

DATE SIGNED

ATTACHMENTS

- A. Present a schematic or other appropriate drawings of the surface and subsurface construction details of the well as built.
- B. Describe the method and results of mechanical integrity testing.
- C. Present the results of that portion of those logs, tests, and cores which specifically relate to (1) underground sources of drinking water and the confining zone(s) and (2) the injection and adjacent formations.
- D. Present the status of corrective action on defective wells in the area of review.
- E. Provide to EPA, with the completion report, one final print of all geophysical logs run.

Paperwork Reduction Act Notice

Public reporting burden for this collection of information is estimated at an average of 4 hours per well, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to Chief, Information Policy Branch, PM-223, U.S. Environmental Protection Agency, 401 M Street, SW, Washington, DC 20460, and the Office of Management and Budget, Paperwork Reduction Project, Washington, DC 20503.